

Clinician's How-To Guide for Fecal Transplant at UNC by Sarah McGill

Prior To Fecal Transplant

- indications should be C. diff not responding to standard therapies. Pls see our protocol
- document in note that risks and benefits of fecal transplant were discussed, including that this is considered experimental and that there is potential risk for transmission of disease from donor to recipient. Can use Sarah McGill's dot phrase discfmt.
- Patients should be off antibiotics 48 hrs prior to FMT. There is a "colofmtplan" dotphrase owned by Sarah McGill that goes over standard instructions, but you may need to edit this
- Writing the order—order is colonoscopy or upper endoscopy. In the comments section, put "Fecal transplant, pls cc physician and Robin". That will remind schedulers to cc Robin Royster. Then, Robin will get the stool ordered for you and call the patient the day of the procedure as well as arrange for charge nurse to thaw the stool
- There is no "open access" fecal transplant. If you will not be doing the case, please communicate with the physician who will do it.

Day of Fecal transplant

- Poop must be thawed, Robin Royster should arrange for this. Physician "checks out" the poop, documenting in the FMT binder behind charge nurse desk. Document Openbiome # in the procedure report and nurse should document that in EPIC under "implants". Fecal microbiota transplant is a maneuver in provation. Volume of poop is 250mLs

2 months after fecal transplant

Fellows who see patients are expected to f/u these patients in their clinic and

perform the follow up form. Follow up form can be found at openbiome.org. OR Can EPIC message Heather Solender with the pertinent information (can use .openbiome dotphrase owned by Sarah McGill) and she will fax the form. Be sure to LOOK at the definitions for these things like recurrent CDI, refractory, etc, the definitions are at the end of the form

Other Resources re: FMT for Clinicians

Instructions for Colonoscopy-based FMT (welcome to make a dot phrase):

- last dose of vancomycin (or difucid or flagyl, most patients on an antibiotic to suppress the C. Diff until just prior to their transplant) will be three days prior to your procedure
- stop probiotics 2 weeks prior to procedure
- Full colon prep as instructed in mailed instructions
- have your bathroom and kitchen hard surfaces scrubbed with 1 part clorox: 10 parts water solution on the day of the procedure
- avoid antibiotics unless entirely necessary
- in the future case where antibiotics are needed for an infection, treat with the narrowest spectrum antibiotic that will treat the infection
- avoid proton pump inhibitors like omeprazole

Instructions for Capsule-based FMT

**** Clinicians who want to administer capsule-based FMT must be trained by Openbiome to do so (10-minute phone based training). Call their phone number to schedule training 617.575.2201.** Patient preparation is as follows. Prior to the procedure:

a. Discontinue vancomycin or other antibiotic 2 full days prior to administration b. Take an over the counter proton pump inhibitor like omeprazole 20mg on the morning two days prior to and on the morning prior to the scheduled procedure. No need to take it on the morning of the procedure.

C. Please scrub the hard surfaces of your bathroom and kitchen with 1 part clorox: 10 parts water solution, to get rid of the C. Diff spores

On the day of the procedure:

- Clear fluids only beginning the morning of administration.
- Nothing by mouth 2 hours before administration.
- You will have a maximum of 90 minutes to swallow the 30 treatment capsules. Our capsules are size 00 (roughly the size of a large multi-vitamin). Every dose includes an inert test capsule which you will swallow first. Plenty of clear fluid should be available to the patient during administration.

After the procedure:

- Nothing by mouth 1 hour after administration.
- May resume full diet thereafter.
- If no improvement within 4 days of treatment, may consider failure.